

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)SERIAL NO.
09/776,204

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3	1						53						
4		1					54						
5		1					55						
6		1					56						
7	1						57						
8		1					58						
9		1					59						
10		3					60						
11		3					61						
12	1						62						
13		1					63						
14		1					64						
15		2					65						
16		1					66						
17		2					67						
18	1						68						
19		1					69						
20		1					70						
21		1					71						
22		4					72						
23		4					73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
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36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5						TOTAL IND.						
TOTAL DEP.	30						TOTAL DEP.						
TOTAL CLAIMS	35						TOTAL CLAIMS						